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**** CONTINUING DATA *******
 This appln claims benefit of 60/180,002 02/03/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/22/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 14	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 10
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

ADDRESS
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TITLE
 IMPLANTABLE VASCULAR DEVICE

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